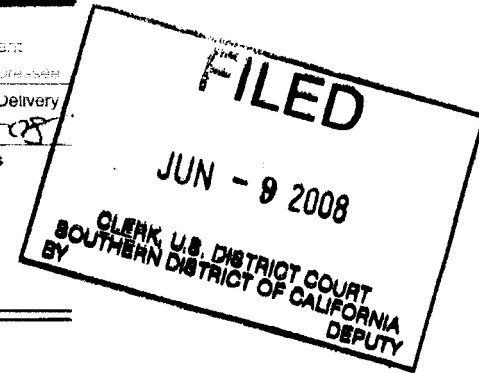


COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p><i>L. Alessio, esq.</i> <i>2550-Fifth Ave #210</i> <i>San Diego, CA 92103</i></p>		<p>B. Received by (Printed Name)</p> <p>C. Date of Delivery <i>5-30-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes If YES, enter delivery address below: <input type="checkbox"/> No</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label)		7007 0220 0001 4707 8541	
PS Form 3811, February 2004		Domestic Return Receipt	

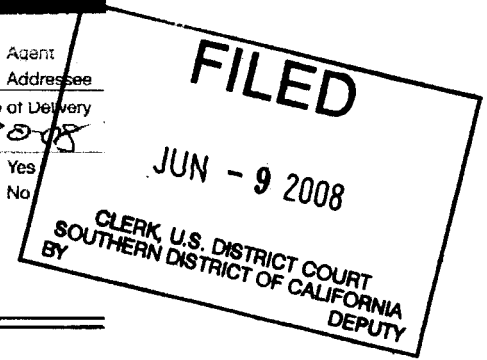


Proof of service, Certified Mail Receipt.....

Case Number CV 0949 WQH RBB

Ashford vs Goepfinger, et al.....

PS: COMPLETE THIS SECTION		COMPLETE THIS SECTION ON DELIVERY	
<p>Complete items 1, 2, and 3. Also, complete item 4 if Restricted Delivery is desired. Print your name and address on the reverse so that we can return the card to you. Attach this card to the back of the mailpiece, or on the front if space permits.</p> <p>Article Addressed to:</p> <p><i>L. Alessio, esq.</i> <i>2550-Fifth Ave #210</i> <i>San Diego, CA 92103</i></p>		<p>A. Signature <i>L. Alessio</i> <input type="checkbox"/> Agent <input type="checkbox"/> Addressee</p> <p>B. Received by (Printed Name) _____ C. Date of Delivery <i>5-30-08</i></p> <p>D. Is delivery address different from item 1? <input type="checkbox"/> Yes <input type="checkbox"/> No If YES, enter delivery address below: _____</p> <p>3. Service Type <input checked="" type="checkbox"/> Certified Mail <input type="checkbox"/> Express Mail <input type="checkbox"/> Registered <input type="checkbox"/> Return Receipt for Merchandise <input type="checkbox"/> Insured Mail <input type="checkbox"/> C.O.D.</p> <p>4. Restricted Delivery? (Extra Fee) <input type="checkbox"/> Yes</p>	
2. Article Number (Transfer from service label)		7007 0220 0001 9707 8541	
PS Form 3811, February 2004		Domestic Return Receipt 1102595-02-00-1240	



Proof of service, Certified Mail Receipt.....

Case Number CV 0949 WGH RBB

Ashford vs Goeppinger, et al.....